



# SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION



Date \_\_\_\_\_

Detachment of \_\_\_\_\_ Squadron No. \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_ (Last) \_\_\_\_\_ Recruited by \_\_\_\_\_ (Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_ (Phone) \_\_\_\_\_

Veteran through whom eligibility is established \_\_\_\_\_

(a) Above is a member in good standing of Post No. \_\_\_\_\_ Department of \_\_\_\_\_

OR (b) Above is a deceased veteran who served honorably from \_\_\_\_\_ to \_\_\_\_\_

(c) Relationship of Applicant to Veteran \_\_\_\_\_

Has Applicant previously been a member of the SAL? \_\_\_\_\_ Where? \_\_\_\_\_

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and

Email Address \_\_\_\_\_ Transmit \$ \_\_\_\_\_ for 20 \_\_\_\_\_ annual membership dues

Signed By Applicant (or Parent) \_\_\_\_\_ Eligibility certified by \_\_\_\_\_

## DUES RECEIPT (Please Print)

\_\_\_\_\_ Date

\_\_\_\_\_ Received From

\$ \_\_\_\_\_ for 20 \_\_\_\_\_ Dues

\_\_\_\_\_ Squadron No.

\_\_\_\_\_ Department of

**Mail completed application to Sons of The American Legion department/state headquarters. Annual dues must accompany completed application. Ask local contact for amount due. For current detachment address, go to The American Legion department/state headquarters, or visit [www.legion.org](http://www.legion.org).**